

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-016619

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4144

STATE FILE NUMBER

FILED MAY 1 1962

1. PLACE OF DEATH
a. COUNTY

City of St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

City of St. Louis

Length of stay in 1b

5 WKS.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

St. Lukes Hospital

Inside Limits

Yes ☒ No ☐2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE b. COUNTY

Mo

FRANKLIN

c. CITY
OR TOWN

CATAWISSA, Mo

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)

0.3 mi. W. of CATAWISSA

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

Charles Isles Brinley

4. DATE OF DEATH
Month Day Year

APRIL 19 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6-15-1914

9. AGE (last birthday)

47

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

EXCAVATING

11. BIRTHPLACE (City and state or country)

Pacific Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Edward Brinley

13b. MOTHER'S MAIDEN NAME

Lubelfhia (CREASON)

14. NAME OF HUSBAND OR WIFE

Ilean D. Brinley

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Wife!

Address

ILEAN Brinley - CATAWISSA

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

PULMONARY INFARCTS LEFT + RIGHT

INTERVAL BETWEEN ONSET AND DEATH

1 Mos

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

THROMBOPHLEBITIS LEFT ILLIOFEMORAL VEIN 1 1/2 MOS
POST OPERATIVE

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

DEFORMED RT LUNG DUE TO TBC EMPYEMA

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED?
YES ☒ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

464XA

20c. TIME OF INJURY

Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 15 MAR 62 to 19 APRIL 62 and last saw her him alive on 19 APRIL 62

Death occurred at 10:15 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Renee Hansen M.D.

22b. ADDRESS

3720 Washington

22c. DATE SIGNED

21 APRIL 62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

4-23-1962

23c. NAME OF CEMETERY OR CREMATORY

Brush Creek Cem.

23d. LOCATION (City, town, or county)

GRAY SUMMIT Mo.

24. FUNERAL DIRECTOR

ADDRESS

Bell Funeral Home - Pacific Mo

25. DATE RECD. BY LOCAL REG.

APR 21 1962

26. REGISTRAR'S SIGNATURE

Renee Hansen M.D.

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~by~~ Byron J. Beel, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Byron J. Beel

Licensed Embalmer No. 4977

P. O. Address Pacific, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.